

Foster Family Home - Deficiency Report

Provider ID: 1-562654

Home Name: Victorina Agustin, CNA

Review ID: 1-562654-13

94-149 Mokukaua Street

Reviewer: Po Lim

Waipahu HI 96797

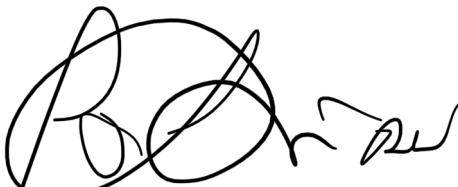
Begin Date: 6/23/2022

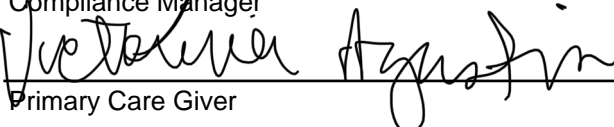
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

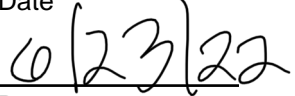
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date